

Application No. (if known): 10/763,410

Attorney Docket No.: 04394/0200800-US0

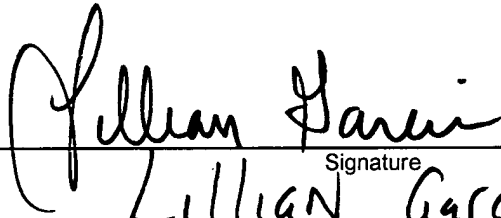
## Certificate of Express Mailing Under 37 CFR 1.10

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MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 9, 2006  
Date



Signature

LILLIAN GARCIA  
Typed or printed name of person signing Certificate

Registration Number, if applicable

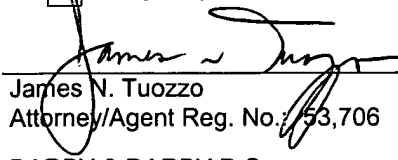
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Amendment Transmittal (1 page)  
Amendment in Response to Non-Final Office Action (7 pages)  
and Return Receipt Postcard.

1FW



AMENDMENT TRANSMITTAL LETTER				Docket No. 04394/0200800-US0	
Application No. 10/763,410		Filing Date January 23, 2004		Examiner T. D. Patel	
				Art Unit 3765	
Applicant(s): Cin Kim					
Invention: TIE AND SHIRT COMBINATION SECURED WITH AN ELASTIC BAND					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	9	- 20 =		x	
<b>Independent Claims</b>	3	- 3 =		x	
<b>Multiple Dependent Claims (check if applicable)</b>				<input type="checkbox"/>	
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Large Entity</div><div><input checked="" type="checkbox"/> Small Entity</div></div>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 James N. Tuozzo Attorney/Agent Reg. No. 53,706  DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7700				Dated: <u>March 9, 2006</u>	



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